



The Commonwealth of Massachusetts
State Board of Retirement

One Ashburton Place, Boston, MA 02108-1607

Shannon P. O'Brien
Treasurer and Receiver General
Chairman

ROOM 1219
(617) 367-7770
1-800-392-6014

**State Board of Retirement
TRANSFER NOTICE**

(To be filled out by payroll/personnel department at member's last state job)

This is to notify that Print Full Name ELISABETH O'BRIEN was employed by State Agency/Dept. Dept of Public Health. AGY 0294. The member's start date was 3-11-90 and his/her membership date was 3-11-90. The member's social security number is .

The last two MONTHLY retirement deductions were:

Month/Year <u>11/00</u>	Amount (\$)	<u> </u>
Month/Year <u>10/00</u>	Amount (\$)	<u> </u>

The member's last day on payroll was 10-26-00.

If employee was less than full time list dates/ratio of time below:

<u>2-6-94 to 1-21-95 18.75 HRS OR 50% \$</u>	<u>8-15-00 to 10-27-00 22.5HRS 60%</u>
<u>1-22-95 to 8-14-00 28.50 HRS OR 76%</u>	

List dates of all leaves of absence below:

<u>2-29-96 to 4-24-96</u>	<u>3-6-94 to 12-18-94</u>
<u>10-23-94 to 1-16-95</u>	

IMPORTANT:** Is Workman's Compensation being paid/pending on this employee?

(YES/NO) _____ If member was on Workman's Compensation, was there a lump sum settlement? (YES/NO) _____

Authorized Signature Cheryll Lencio

Date 4-26-01

For Retirement Board purposes only

Member is transferring to :